Equipment

Type of Equipment:　Dedicated Equipment Used　　　　Yes ☐　　　　No ☐

Owned by EE or Work Group ☐　　Common / Shared Equipment ☐　　　Borrowed / Loaned ☐

Correct Tools and Equipment Used　　　　

There Is a Specific Tool Designed for Task　　　Yes ☐　　　No ☐

Comments: ☐

Inspections:　Inspected Prior to Use　　　　　Yes ☐　　　No ☐

Formal Inspection Check List / Documentation　　Yes ☐　　No ☐

Frequency of Formal Periodic Inspection　　　##

Would Inspection Have Prevented Injury　　　Yes ☐　　No ☐

Comments: ☐

Engineering Controls:　Required by Authorization or Policy　　　Yes ☐　　No ☐

Used ☐　　Not Used ☐　　　Why Not Used ☐

Available ☐　　Not available ☐　　　Why Not Available ☐

Would Have Prevented Injury If Used ☐

Comments: ☐

Was Engineering Control Operating within Specification at Start of Task　　　Yes ☐　　　No ☐

Did Engineering Control Fail During Use　　　Yes ☐　　No ☐

Complete Failure ☐　　　Less Than Specified Operational Capacity ☐

Designed / Selected / Reviewed / Serviced by SME　　Yes ☐　　No ☐

Maintenance:　Formal Service Schedule　　　Yes ☐　　No ☐

Service / Maintenance Up to Date　　　Yes ☐　　No ☐

Would Service / Maintenance Have Prevented Injury   Yes ☐   No ☐

Comments: ☐ _____

Inspection: Formal Inspection Schedule   Yes ☐   No ☐

Inspected Prior to Use   Yes ☐   No ☐

Would Inspection Have Prevented In   Yes ☐   No ☐

Comments: ☐ _____

PPE: Required by Authorization or Policy   Yes ☐   No ☐

Used ☐   Not Used ☐   Why Not Used ☐ _____

Available ☐   Not available ☐   Why Not Available ☐ _____

Would Have Prevented Injury ☐

Comments: ☐ _____

Was PPE Operating within Specification at Start of Task   Yes ☐   No ☐

Did PPE Fail During Use   Yes ☐   No ☐

Complete Failure ☐   Less Than Specified Operational Capacity ☐

Designed / Selected / Reviewed / Serviced by SME   Yes ☐   No ☐

Formal Service Schedule   Yes ☐   No ☐

Service / Maintenance Up to Date   Yes ☐   No ☐

Would Service / Maintenance Have Prevented Injury   Yes ☐   No ☐

Comments: ☐ _____

Formal Inspection Schedule   Yes ☐   No ☐

Inspected Prior to Use   Yes ☐   No ☐

Would Inspection Have Prevented In   Yes ☐   No ☐

Comments: ☐